

ATTACHMENT "A"
PROPOSAL SUMMARY FORM

Failure to submit this form will result in your proposal being deemed non-responsive.

GENERAL INFORMATION

Project Title _____

Legal Name of Applicant Firm _____

Mailing Address _____

City _____ State _____ Zip _____

Website _____

Contact Person _____ Title _____

Phone _____ Fax _____

E-mail address _____

WA State Unified Business Identifier _____

Federal Tax Identification Number _____

CERTIFICATION

I certify that to the best of my knowledge the information contained in this Proposal is accurate and complete and that I have the legal authority to commit this firm to a contractual agreement. I realize the final funding for any service is based upon available funding levels and the approval of the City Council for the City of Camas.

Signature

Date